

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	C		
O.I.P.E. CLASSIFIER	i		5-11-01
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	5/13/01
2	5/13/01
3	5/13/01
4	5/13/01
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50	5/13/01

Claim	Date
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Claim	Date
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**BEST AVAILABLE COPY**

If more than 150 claims or 10 actions  
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